



Government of the People's Republic of Bangladesh
Bangladesh Country Coordinating Mechanism (BCCM)

Health Services Division
Ministry of Health & Family Welfare
BCCM Secretariat

Oversight Visit 07-09 December 2018

SITE VISIT REPORT

Date of Report: 20 December 2018

Project title: Global Fund Supported Activities

Date and place of site visit: 07-09 December 2018; Jessore

Names of the members of visit team:

- Md. Habibur Rahman Khan, Additional Secretary (PH&WH), Health Services Division, MOHFW and Chair, BCCM Oversight Committee
- Mr. Md. Hafizur Rahman Chowdhury, Deputy Secretary (WH-2), Health Services Division, MoHFW and Member, BCCM Oversight Committee
- Dr. Muhammad Mushtaq Hussain, Former Senior. Scientist, IEDCR and Alternate Member, BCCM
- Dr. A. M. Bangali, Former NPO, WHO and Member, BCCM Oversight Committee
- Mr. Milon Kanti Datta, Presidium Member, BHBCOP and Member, BCCM Oversight Committee
- Ms. Aleya Akter Lily, Executive Director, SHOW and Member BCCM Oversight Committee
- Mr. Manaj Kumar Biswas, BCCM Coordinator, BCCM Secretariat, Health Services Division, MOHFW
- Mr. Mohammad Harun-Or-Rasid, Deputy Coordinator, BCCM Secretariat, Health Services Division, MOHFW

Program representatives:

- Dr. Dilip Roy, Civil Surgeon, Jessore
- Dr. Gias Uddin, Principal, Jessore Medical College and Hospital
- Dr. Sayed Jahangir Hossain, Asst. Director (Disease Control), Divisional Directorate Office, Khulna
- Dr. Tayeb Ur Rahman, Asst. Commissioner, DC Office, Jessore
- Eng. Tanjila Ferdousi, Asst. Engineer, Health Engineering Department (HED), MOHFW
- Dr. Mst. Sharifa Khatun, Medical Officer, Chest Disease Hospital (CDH), Jessore
- Dr. Sabiha Sultana, Medical Officer, Chest Disease Clinic (CDC), Jessore
- Dr. Ahmadul Hassan Khan, Monitoring & Evaluation Expert, National Tuberculosis Control Program (NTP)
- Dr. Shayla Islam, Program Head, BRAC TB Control Program
- Mr. Harun-Or-Rashid, Chief Executive, Light House
- Gorkey Gourab, Senior Programme Manager, The Global Fund Project, Programme for HIV and AIDS, icddr,b
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Persons contacted:

- Director (Health), Khulna Division
- Director, Jessore Medical College
- Civil Surgeon, Jessore
- Superintendent, General Hospital, Jessore
- Chief Executive, Light House
- Divisional Manager, BRAC TB Control Program

Purpose of the site visit:

The site visit was a BCCM oversight visit conducted to:

- review technical aspects of activities at implementation sites,
- review grant compliance by the sub-recipients and principal recipients,
- recommend improvements in implementation, as applicable,
- identify issues requiring further coordination and higher-level attention, and
- Propose resolution of issues arisen during implementation that warrant attention of the BCCM.

Background:

The Global Fund (GF) Country Coordinating Mechanism (CCM) is a country-level public-private partnership to oversee grant application and monitor grant implementation by the Principal Recipients (PRs) of the funds. The primary role of CCM is to access and oversee the management of funds received from GF and to complement Bangladesh's efforts to fight these three diseases i.e. HIV/AIDS, Tuberculosis, and Malaria. As one of the key elements in the Global Fund architecture, CCM is central to the GF's commitment to national and local ownership of country proposals and to ensure inclusive and participatory decision making. The CCM is a national, multi stakeholder partnership that comprise members from the Government, NGO's, academia, private sector, key affected populations, faith-based organization, UN agencies, and bilateral/multilateral agencies. The Oversight Committee is a technical committee selected by the CCM to support CCM in ensuring two major functions: to provide guidance to "strategy and planning" activities, and to conduct overall "oversight" of the on-going program implementation.

Sites visited:

- 1) Jessore General Hospital (including DOTS Corner)
- 2) Chest Disease Clinic, Jessore
- 3) Chest Disease Hospital, Jessore
- 4) FSW DIC (operated by Light House), Jessore
- 5) MSM/Hizra DIC (operated by Light House), Jessore
- 6) TB Diagnostic Center (operated by BRAC), Jessore

Observation/Findings:**Jessore General Hospital**

Jessore general hospital is providing health services to 31,05,868 population living in the 8 sub-districts (upazila). Health services are being delivered through General Hospital at district level, Chest Disease Hospital, Chest disease clinic, Upazila Health Complex (one in each upazila), 276 Community Clinics. TB diagnosis is being done through 10 peripheral lab and 03 Gene Xpert machine. X – ray machines has been set up under the management of BRAC,

who are the partner in TB program implementation, for strengthening TB diagnosis. Referral linkage has been established to refer suspected TB cases from the communities. They include 871 referrals by graduate private practitioners; 95 referrals by non-graduate private practitioners; 123 village doctors in addition to the GoB Staff (2,182) and NGO field staff (3,978).

In 2018 (January-September), about 1,076 smear positive cases have been detected through 9,308 smear tests. During the same period, 25 Child TB cases and 08 Drug Resistant TB have been detected. Currently 27 Drug Resistant TB cases are under treatment. Treatment success rate is also increasing and reached 97% in 2017. Other services e.g. awareness raising activities, coordination meetings at community level, refresher training etc. are being done by the NGO partners.

Chest Disease Clinic, Jashore

The clinic is providing TB related services e.g. sputum test, Gene Xpert examination etc. under the National TB Control Program. LED Microscope is being used to diagnosis of sputum for TB suspects identified by partners namely BRAC. During January – September 2018, 1,353 microscopic tests has been done resulting 189 positives and 907 Gene Xpert tests have been done resulting 338 MDR TB identification and 5 RR TB identification. All 05 RR TB cases have been enrolled for treatment and rest were referred to Chest Disease Hospital.

According to national plan, Chest Disease Clinic has 17 positions where four posts in 08 positions are vacant now which includes Junior Consultant (01), Pharmacist (01) and Assistant Nurse (01) etc.

Drop In Center (DIC) for FSW

The DIC is operated by Light House as SR of PR SCI which manages interventions with female sex workers in Jashore. The program has been providing services to only 35% of key affected population comparing to the estimated size of FSWs in Jashore district (Size Estimation Report 2015-2016) which covers 685 FSWs (street based 230, residence based 242 and hotel based 213). During the period December 2017 to November 2018, a total of 437,298 condoms were distributed, and 431 STI cases have been managed (FSW-373 and partners-58) and 370 HIV tests have been done (FSW-334 and partners-36). Referral linkage has been established with different health service providers including Jashore 250 bed General Hospital, Khulna Medical College Hospital, TB Clinic, Family planning Association of Bangladesh (FPAB) etc. for further services and till visit 36 referral have been done (MCH 06, CSCSV 05, TB 04, EPI 06 and Complicated STI 15).

Drop In Center (DIC) for MSM and Hijra

The DIC is operated by Light House which manages interventions with MSM (Men having Sex with Men), MSW (Male Sex Worker) and Transgender (locally known as Hijra) in Jashore. The DIC is providing services to 610 MSM/MSW and 27 Hijra through 10 main spots and 19 sub-spots. Condom & Lubricant distribution (distributed 1,51,128 condoms against the target of 1,46,160), general health services including STI and HTI, counseling and referral for TB and Blood test are included in the service package. The program has achieved targets of reaching beneficiaries and providing services e.g. reaching 27 and 608 Transgender and MSM respectively (target Transgender=26, MSM=600). Besides reaching target population, the DIC tested HIV for 370 cases (target 360) and treated 368 cases (target 360). Beyond target, it has completed TB test for 532 beneficiaries. Despite DIC based services, it has established referral linkages for different health services with 250 bed general hospital, Chest Disease Hospital, TB Diagnostic center of BRAC, Family planning Association of

Bangladesh (FPAB) etc. They also conduct advocacy workshops with different stakeholders to ensure behavior changes targeting sustainability of the program.

BRAC TB Diagnostic Center, Jashore

BRAC has established the TB Diagnostic center with the support from The Global Fund. X-ray and Gene Xpert facility is being used for diagnosis of TB cases. Referral linkage has been established with different health services provider for cost-free diagnosis. During the period of January to November, the center has tested 13,851 suspect cases with X-ray resulting 3,381 abnormal X-ray findings and 2,966 suspected cases with Gene Xpert which detected 1,353 MTB and 22 RR. Beyond these, 248 TB cases has been diagnosed clinically by X-ray facility.

Recommendations:

- *TB PRs should include indoor physicians, consultants, junior consultants, RMO, Resident physician quarterly advocacy and monitoring meeting to catch up the TB cases that are identified in door services area of upazila and District Hospital across the country including Jashore District.*
- *Advocacy meeting should be done and continued with private practitioners and village doctors for referral of suspected/ presumptive TB cases to investigate their status to increase TB case notification.*
- *According to the local health administration opinions (CS, UH&FPO, RMO etc), Salary/ Honorarium should be increased by the BRAC for BRAC Shasthy Sebika who are actually working for cough collection and DOTS in field.*
- *TB Program signboard with appropriate indicator of DOTS center should be displayed according to the template which provided by the NTP.*
- *Utilization of Gene Xpert machine in RMCH is very low, PRs should ensure highest utilization of Gene Xpert machine situated in CDC DOTS Corner as this Hospital is 1000 bedded Tertiary level hospital.*
- *Divisional TB Expert should make a comprehensive plan to support both PRs and SRs, for enhancing TB case notification rate including Child and MDR TB for all districts in the Khulna Division, if necessary Divisional TB Expert should talk to PRs (NTP and BRAC).*
- *NTP should take necessary steps to fix the X Ray problem in CDC Jeshore and CDH Jeshore as soon as possible.*
- *NTP Should take necessary steps for optimum utilization of Gene Xpert Machine for TB diagnosis and MT Labs should be trained to test through sample from Plural Fluid, Gastric Aspiration, CSF, Abdominal Fluid, Lymph node fluid etc.*
- *TB PRs (NTP and BRAC) should include Professor/ Coordinator/ Chairman of Medicine, Pediatrics, Respiratory Medicine and Hospital Director from Jashore Medical College Hospital in the quarterly advocacy and monitoring meeting for TB in Jashore as well as Medical College Hospital are available to coordinate among*

DOTS Corner and indoors departments to catch up identified TB cases in indoor services.

- *The Civil Sugeon Jashore should communicate Health Engineering Department to renovate CDC immediately, If necessary Civil Sugeon Jashore should communicate LD NTP and Additional Secretary Hospital, HSD, MOHFW to upgrade CDC regarding structures.*

Rahman
17.01.2019

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and
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